

Choices Housing Association Limited

# Choices Housing Association Limited - 4 West Street

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We inspected this service on 23 September 2015. This was an unannounced inspection. Our last inspection took place in June 2014 and at that time we found the home was meeting the regulations we looked at.

The service is registered to provide accommodation and personal care for up to four people. People who use the service have a learning disability and/or mental health needs. At the time of our inspection four people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and protected from harm. People's relatives told us that they felt that their relatives were safe in the home. Staff we spoke with knew what safeguarding was and explained to us what actions they would take if they felt that a person who used the service was at risk of abuse. There was guidance on display for people who used the service and staff on how to raise safeguarding concerns. The provider took appropriate action when abuse was suspected.

People had risk assessments and management plans and there were enough staff on duty to meet their needs. People told us they did not have to wait long when they needed assistance and we observed this. People's medicines were managed safely.

People told us that staff knew them well and understood their needs. Staff demonstrated a good understanding of people's care needs and how to provide them care. They had had completed training to enable them to provide safe and effective care.

Legal requirements were followed when people were unable to make certain decisions for themselves. Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when people were unable to make certain decisions about their care. MCA is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. MCA enables staff to make decisions in

people's best interest. The DoLS is part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

People were supported to eat and drink suitable amounts of food and drink of their choice. Advice given by professionals was followed in respect of special diets. People were supported to attend health appointments as required.

People were treated with kindness, compassion and respect. Care was not rushed and staff ensured that people's comfort was maintained at all times. People's dignity and privacy was respected.

Care was provided to meet people's individual needs and preferences. Care plans detailed how people wished to be cared for and supported. People were involved in assessments and planning of their care. The views of their families were obtained about their preferences and likes and dislikes.

People were supported to engage in activities and hobbies they enjoyed. Staff supported and encouraged people to be as independent as possible and to access the local community.

People were supported to raise concerns and make complaints if they wished to. The provider had systems in place to deal with and monitor complaints made about the service.

There were systems in place to monitor and assess the quality of the service provided. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation. There was a positive and open atmosphere within the service. The registered manager was approachable.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe at the service. Staff understood what abuse was and knew what actions to take to safeguard people from harm. People's risk assessments and management plans were reviewed when their care needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People received care from staff that had the knowledge and skills to care for them and who understood their care needs. Legal requirements were followed when people's liberties were restricted. People were supported to eat and drink sufficient amounts to remain healthy. People had access to other health care professionals.

Good



### Is the service caring?

The service was caring.

People told us that staff were kind and caring and we observed positive interactions between staff and people who used the service. People were treated with kindness, dignity and respect. Their choices, preferences and wishes were respected.

Good



### Is the service responsive?

The service was responsive.

People received care in accordance with their preferences and needs. People were supported to engage in activities they enjoyed. They were supported to be as independent as possible and given work opportunities. There were effective systems in place for dealing and responding to concerns about the service.

Good



### Is the service well-led?

The service was well-led.

Staff were supported to carry out their roles effectively. The provider promoted an open and positive atmosphere at in the service. The provider had effective systems in place for assessing and monitoring the quality of the service provided. The registered manager understood the requirements of their registration with us.

Good



# Choices Housing Association Limited - 4 West Street

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2015 and was unannounced. Our inspection team consisted of one inspector.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. The provider notified us of incidents which had occurred at the service. We reviewed additional information we had requested from the local authority safeguarding team and local commissioners of the service.

We spoke with three people who used the service. However, due to their communication needs they were unable to give us detailed information about their care. We spoke with two relatives of people who used the service to obtain their views about care provision at the service.

We spoke with three members of care staff to check that standards of care were being met and with the registered manager to gain their feedback about how they managed the service.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked three people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff training records, staff rotas, incident, accident and complaints records, minutes of meetings, quality checks, and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

# Is the service safe?

## Our findings

People who used the service told us they felt safe at the home and protected from harm. They told us the staff were nice to them and looked after them well. They told us they were not scared of anything and went to staff if they felt worried. Relatives told us they felt the service was safe and their relatives were protected from harm. A relative said, "They [Staff] are very watchful" Staff we spoke with all knew what constituted abuse and what signs to look out for. They knew what actions to take if abuse was reported and were confident that allegations of abuse would be dealt with appropriately by the registered manager.

The provider had put on display a telephone number which staff could use to report safeguarding concerns. Staff we spoke with knew where to locate the number and told us they would not hesitate to use it if they had any concerns. The registered manager showed us records of a safeguarding concern they had recently reported to us and the Local authority. We saw records of how the concerns had been investigated internally and the actions the provider had put in place to prevent a reoccurrence of the incident.

One person who suffered with epilepsy and also required the use of assistive technology for their moving and handling had care plans in place for how their epilepsy was to be monitored and managed. There were risk assessments and plans in place to guide staff and how the person should be moved safely using their assistive technology and what action to take in the event of a seizure during the moving and handling process. We saw that visual instructions were displayed on the person's moving and handling equipment to guide staff when they provided care. We observed that the person received care as planned. People had risk assessments and management plans in place to guide staff on how their care should be provided. We saw that people's risk assessments and management plans were reviewed regularly and updated when their needs changed.

The provider had systems and protocols in place for dealing with accidents and incidents which occurred at the

service. A visual flow chart had been provided to guide staff on what actions to take when an accident such as a trip, slip or fall occurred or if it was suspected. Emergency telephone numbers were also provided for staff to contact the manager on call. The registered manager said, "It makes it easy for staff to look up numbers because the last thing one wants to be doing in an emergency is looking up numbers".

People told us that staff were always around to provide them care and support when they needed it. People told us they did not have to wait for long for staff when they needed assistance and we observed this. A temporary staff member told us they were called in to cover sicknesses and absences. They told us that they were the only temporary staff member the provider used and this ensured consistency in who provided care to people. We checked staff rota's and saw that the same temporary staff was used and that all shifts for the week had been covered with sufficient numbers of staff to provide care. We saw that care was not rushed or task-led. Staff took their time and gave full attention to people when they provided them care.

Recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national agency that keeps records of criminal convictions. The provider also requested and checked references of the staffs' characters and their suitability to work with the people who used the service.

People's medicines were managed safely. We observed and medicine records showed that people received their medicines as prescribed. The medicines used to support people when they presented with behaviours that challenged was closely monitored to ensure that it was used appropriately. The manager told us that they had not needed to use these medicines as staff used other techniques to support people when they presented with behaviours that challenged. The provider had systems in place to guide staff on when and how to administer medicines meant to be given on 'as required' (PRN) basis. We saw that people's medicines were stored safely and securely.

# Is the service effective?

## Our findings

People told us that staff knew them well and understood their needs. What staff told us about people's care needs reflected what people themselves told us themselves and what was in their care records. People's needs were assessed and planned to ensure that they received appropriate care and support from staff.

Staff told us they had received relevant training to support them in providing care and support to people who used the service. Staff training records confirmed this. The registered manager told us that all staff had received updated training in moving and handling to ensure that lessons were learnt following an incident that occurred in another service owned by the provider.

A newly recruited staff member told us that they had received an induction which entailed face-to-face learning and observations. They also completed a work book which was assessed and their practice observed before they were allowed to provide care unsupervised. All the staff told us they had regular supervision and annual appraisals and records we looked at confirmed this.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. The provider had made DoLS referrals for all the people who used the service and this had been granted. The people received care online with the DoLS conditions to ensure that their rights were protected. All the

staff we spoke with understood the legal requirements they had to work within. They gave us example of when they would make decisions in the best interest of people who used the service.

All the people we spoke with told us they liked the food. One person said, "I can't do without [staff member's name], they make me nice breakfast, nice dinner and nice tea". Relatives told us they felt the food was good and people who used the service had access to adequate amounts of food and drink. We saw that food, drinks and snacks were available and people were supported to have these. We saw that people were involved in choosing what they wished to eat and drink.

People's weights were monitored regularly. Records showed that one person had lost some weight the previous months. The registered manager told us, "We try to give them high calorie foods just to build them up. We add cream in their food just to increase the calorie levels in the food". The registered manager told us that the person's health had been reviewed by a health professional and no medical concerns had been identified and staff were encouraged to maintain the high calorie diet to minimise any further weight loss.

People's health and wellbeing was monitored. People with mental health problems had access to other mental health professionals and their care was closely monitored by the professionals. We saw that recommendations made by other professionals were followed. For example, one person who was at risk of choking had been assessed by a Speech and Language Therapist and easy to chew/fork mash diet had been recommended for them. We observed them eating the appropriate food and saw guidance in the kitchen for staff on what types of food had been recommended for the person.

# Is the service caring?

## Our findings

All the people whom we spoke with and relatives told us that staff were caring and compassionate. A relative said, “I’m very, very happy, 100% happy with the care provided there. One person said, “The boss tells them to look after us nice. I love all the staff. They help me feel better”. Another person said, “They are nice to me”. A relative said, “The staff are lovely. I wouldn’t wish for anybody else to look after them”. Another relative said, “Every time it’s [person who used the service’s name] birthday, they put a party on for them”.

We observed a staff member blow-drying a person’s hair and then styling it. One person told me they liked having nail polish put on their finger nails. They showed us their finger nails which had nail polish on it. A staff member said, “They like having their nails done. I took them to the nail bar the other day and they loved it”. A staff member told us that all the people who used the service had beauty boxes in their bedrooms, which were replenished when their cosmetics ran out. One person showed us their facial mask from their beauty box and staff told us that they person liked having their facial mask put on regularly and staff supported them to do this. This showed that staff made sure that people felt like they mattered.

One person told us their relative had passed away not long ago. A staff member said, “When [relative’s name] passed away, we made sure there were two staff with them when they were told of the death. If they are upset, they keep to themselves but I interact with them and put some music on and then they go brighter. [Person who used the service] doesn’t really talk about it (the death) but they say they are ok”. This showed that staff were concerned for people’s wellbeing in a caring and meaningful way.

People told us that staff always asked them what they wanted and listened to them. We observed staff giving information and explaining things to people in a manner which enabled them to make choices and decisions about their care. People’s relatives told us that they were kept involved in the care of their relatives. A relative said, “They [staff] include us in everything”. Care records showed that people had been involved in decisions about their care. We saw people’s signatures to indicate that staff had explained their care and support with them and they were given opportunities to consent to express their views and consent to the proposed plan of care.

People who used the service told us they were treated with dignity. The relatives we spoke with confirmed this. We saw staff speak with people in a manner that reflected their age. We observed staff knocking and waiting to be invited before going into people’s bedrooms. People’s wishes about how they wanted to spend their time in the home were respected. One person liked to stay in bed until the late morning and staff respected this. People told us staff encouraged them to do as much for themselves as possible and we observed this. One person told us they enjoyed washing cars and staff supported them to do this at the service.

People’s independence was promoted. One person told us they often took part in preparing their meals. People told us they washed and dressed themselves independently, and only required minimal support from staff. One person said, “I bath myself. The staff don’t bath me”. Another person showed me a picture in their bedroom and said, “That’s a picture I bought; I bought it myself”. This showed that the service promoted people’s independence.



# Is the service responsive?

## Our findings

People told us they were involved in planning their care. The registered manager told us that care records were reviewed regularly with people and the care records we saw reflected this. People's relatives told us they were involved in reviews and in decisions relating to people's care and the care records we looked at confirmed this.

Staff knew people's likes, dislikes and care preferences. Information about people's likes and preferences were contained in their care files. Care records contained pictorial prompts to help people understand their care. The registered manager told us the visual aids also helped staff explain people's care and treatment to them more effectively.

People told us they participated in activities of their choice. One person told us they liked horse racing and bingo and we saw that staff had arranged an outing in the weekend for the person to go to watch horse racing. The person's relative confirmed that the person had gone horse racing and bingo as planned. The provider maintained a visual record of pictures of activities and events which people had engaged in the previous month as well as pictures of activities and events they had expressed their wish to be engaged in during the following month. The registered manager said, "It serves as a good reminder for them [People who used the service]". This showed that staff supported people to engage in activities they enjoyed.

One person told us they had a job they enjoyed going to on set days of the week. The registered manager told us the person was supported to go to another service owned by the provider to do a cleaning job in the office. The person was also given an allowance for this as it kept them motivated and made them feel valued. This showed that the provider had taken steps to promote work opportunities.

The provider organised regular events where other people who lived and used services provided by the provider and their relatives met up for a variety of activities. A relative said, "We go to the gatherings and the parties [person who used the service] really loves it". The registered manager told us these events were opportunities for people who used the service to make new friends and socialise.

People told us they could raise concerns with the manager or with staff and they felt that the concerns will be resolved. One person told us they had a copy of the easy to read complaint procedure. Relatives told us that they would not hesitate to raise concerns and they felt confident they would be responded to appropriately. A complaints policy was accessible to people in an easy read format. Staff told us how they would respond to a complaint and this was in accordance with the provider's complaints policy. The provider had a system in place for monitoring complaints or concerns raised to ensure that they were dealt with appropriately.



# Is the service well-led?

## Our findings

People and their relatives told us that the provider was open and kept them informed of developments in the service. Relatives told us they were encouraged to express their view about services and felt that their views would be acted on by the provider. They told us they were invited to meetings at the service where their opinions were obtained and they were kept informed about developments within the service. Staff told us that they were supported to raise concerns and they always felt listened to. They told us and records showed that they had regular team meetings, supervision and appraisals to support them in their roles. A staff member said, "If you have any idea, [Registered manger's name] will listen to you and help you".

There was a registered manager in post. People who used the service and the relatives we spoke with told us that the registered manger was always available to provide them support. They told us the registered manager was approachable and caring. One relative said, [Name of person who used the service] thinks the world of [registered manager's name]". A staff member commented that, "You can talk to them [registered manager's name] about anything. They're always there to support you".

The registered manager understood their legal responsibility. They ensured they notified us of significant

events such as safeguarding incidents and maintained records of these for monitoring purposes. The registered manager maintained a record of incidents which had occurred in the service and ensured that actions were put in place to prevent reoccurrence. They were able to show us examples action and measures that had been put in place following an incident that happened at another location owned by the same provider.

The registered manager carried out regular audits and evaluations of the service. Some of these included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. Service risk assessments were carried out and actions put in place when concerns were identified. There were service development plans which highlighted areas of development for the service and set out plans on how these were to be achieved.

The provider had systems in place for monitoring the overall quality of services provided. A designated person responsible for carrying out quality audits and checks visited the service regularly to assess the quality of services provided. We saw that outcomes of the audits were analysed and actions plans put in place where improvements needed to be made. This showed that the quality of services provided was regularly assessed and monitored.